PTO/SB/17 (10-08) Approved for use through 06/30/2010. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Effective on 12/08/2004. Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/823,355 Application Number FEE TRANSMITTA Filing Date April 12, 2004 For FY 2009 First Named Inventor Robert Martinson et al. **Examiner Name** Michael A. Band Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1795 TOTAL AMOUNT OF PAYMENT 1520.00 Attorney Docket No. NOVE100042000 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): ✓ Deposit Account Deposit Account Number: 04-0566 Deposit Account Name: DeLio & Peterson, LLC For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card Information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES** Small Entity **Small Entity** Small Entity **Application Type** Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 330 165 540 270 220 110 Design 220 110 100 50 140 70 Plant 220 110 330 170 165 85 Reissue 330 165 540 270 650 325 Provisional 220 110 0 0 0 n 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee Description Fee (\$) Each claim over 20 (including Reissues) 52 26 Each independent claim over 3 (including Reissues) 220 110 Multiple dependent claims 390 195 **Total Claims** Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims 0____ 19/20 pd - 20 or HP = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. **Extra Claims** Indep. Claims Fee (\$) Fee Paid (\$) <u>4/3 pd</u> - 3 or HP = 220 1____ 220.00 X HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee Paid (\$) / 50 = (round up to a whole number) x

SUBMITTED BY			
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Other (e.g., late filing surcharge): Request for Continued Examination/Request for 2 Month Extension

Non-English Specification, \$130 fee (no small entity discount)

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810/490

4. OTHER FEE(S)

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